
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

Navy & Marine Corps Medical News
MN-99-30
July 30, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

-USN-

Contents for this week's MEDNEWS:

Headline: Ministry and medicine combine for healing, reflection
Headline: Essex garners another Green 'H' award
Headline: Naval Academy establishes TRICARE links
Headline: Small clinic provides big help to the Fleet
Headline: Pensacola residency program celebrates Silver Anniversary graduation
Headline: Pearl Harbor wins Secretary of Navy award for safety
Headline: Bremerton begins construction for new branch medical clinic
Headline: Anthrax question and answer
Headline: TRICARE benefits expanded to cover cancer prevention trials
Headline: TRICARE question and answer
Headline: Healthwatch: DoD pursues mental health initiatives

-USN-

Headline: Ministry and medicine combine for healing, reflection
From Bureau of Medicine and Surgery

WASHINGTON -- Seen as a visible presence of comfort, stability and encouragement to Sailors, Marines and their families, the 66 Navy chaplains currently serving in Medical Treatment Facilities, supported by 59 enlisted religious program specialists, provide a service that can not be substituted by physicians, psychologists or social workers.

Chaplains duties have evolved greatly since 1802 when the second article of Navy Regulations referred to their duties as "reading prayers, performing all funeral ceremonies and functioning as the schoolmaster."

Today, Navy chaplains' participation in denominational worship and ceremonial services, such as change of commands and retirement ceremonies, may be a noticeable part of the

job, but these are only two examples from a long list of what chaplains do.

Guided by professional codes in pastoral counseling and ethics, hospital chaplains make their rounds offering bedside care and counseling to patients, providing or facilitating worship services and supporting the attending medical staff. Chaplains are part of the health care team.

"It's one thing for a doctor to diagnose a patient but that often has nothing to do with the change in a person's life or questions about life," said LCDR Herman Platt, a staff chaplain at Arlington National Cemetery. "Chaplains are often called in by a psychologist, psychiatrist or social worker to counsel a patient that wants to know 'why is God doing this to me?'"

Platt said, at that point a chaplain must be skilled and sensitive enough to handle the situation.

"Seminary offers book knowledge but you must be able to apply that to life situations. It goes beyond psychiatry or psychology," he said.

Chaplains make no attempt to practice medicine, according to CAPT John Fitzgerald, the Special Assistant for Pastoral Care at the Bureau of Medicine and Surgery.

"If we cannot meet the need that surfaces during pastoral counseling, then we make the appropriate referral," he said.

While chaplains must adhere to the Uniform Code of Military Justice, any information shared in the presence of the chaplain or the chaplain's staff is considered privileged or confidential. Most military service men and women feel that the chaplain is a safe, caring, reliable, spiritual confidant and source for referral in all life-issue situations such as depression, abuse, pre-surgery anxiety, grief-support, marital and pre-marital counseling.

But within the medical ministry, patients are not the only ones that receive support from a hospital chaplain. Physicians, nurses and corpsmen, staff members and their families also receive personal counseling and spiritual direction. Staff support includes advising the command care providers on various faith group issues related to medical care.

"In the case of death, some faith group members may need to be buried within so many hours, no question asked," said Fitzgerald.

"In order to meet the unique demands of hospital ministry within the military context, four units of clinical pastoral education are highly desired for all chaplains assigned to Navy MTFs", said BUMED's Deputy Chaplain, CDR Gerald Blackburn.

As part of their seminary or divinity school education, some chaplains receive clinical pastoral training at civilian hospitals before coming on active duty. Those who do not may be selected to attend a one-year Pastoral Care Residency Program at a Navy medical center.

In addition to supervised pastoral counseling, the year-

long course is designed to familiarize chaplains with medical ethics and other current challenges in the medical field so that their ministry is stronger when they become MTF staff chaplains.

Some Navy chaplains also train with Canadian medical personnel in a program entitled "Caring for the Care Giver." This course provides additional training in ministering to all medical staff and patients who may have been effected emotionally and spiritually after being exposed to combat and trauma.

Acknowledging the diversity at Navy MTFs, Fitzgerald said, "All of our chaplains in Navy hospitals are trained on how to function aboard ships at sea and with Marines in the field--they know the world and work of our patients."

-USN-

Headline: Essex garners another Green 'H' award
By JO1 S.A. Thornbloom (SW/FMF)

ABOARD USS ESSEX (LHD 2) - Most Sailors know what the Battle "E" is, and many know the colored "E's" painted on the superstructure are awards for excellence in various shipboard functions and inspections, such as, damage control and supply. They may also know that a row of four Efficiency E's means a ship is a very capable. Then there's that big green "H" for health award, which began in 1997 for sea-going commands in the Atlantic and Pacific fleets. It was designed by force medical leaders to try and increase the wellness awareness of our Sailors. "At first it was going to be a green 'W' for wellness," said 20-year veteran, Senior Chief Hospital Corpsman Terry Woodcock, the health assessment coordinator aboard USS Essex (LHD 2). "But people started calling it the 'big green weenie' so it was changed to an 'H'," he said. That 'H' stands for health awareness and recently Essex picked up a third straight award for meeting a number of wellness and health awareness requirements. "This isn't like the battle 'E,'" said Woodcock, who is from St. Thomas, Virgin Islands. "The Green 'H' is a competition for the crew to become aware of their personal health instead of a competition between classes of ships. Every ship, large or small, can receive this award," he said. The award isn't based on how well the crew is but rather how aware the crew is about their individual health and wellness, Woodcock said. The requirements for the award begin the first day Sailors arrive on board when they fill out a health assessment survey while checking into medical.

The Green "H" is more than just how many people quit smoking and how many people are not drinking and driving, according to Woodcock.

"It's about eating healthy, proper diet and exercise, dealing with stress and how to have a healthy family," he said.

Education plays a big role in deciding which ship

receives this health awareness recognition said Woodcock. On board Essex, the ship's medical department places great importance on maintaining a number of wellness programs. These programs are designed to help and council Sailors with health problems.

Currently Essex offers tobacco cessation classes, alcohol awareness courses and classes on nutrition and dealing with stress. All the classes are voluntary and medical department members are assigned to facilitate the courses.

"These programs are a big morale boost for us in medical," said Petty Officer 3rd Class Devin Albert from New Orleans, La. "Everyone has their part participating in the programs and trying to help a person quit smoking or become aware of their individual health status."

But receiving the award isn't as important to Woodcock as seeing someone quit smoking, the number of DUI's go down or the number of PRT failiures drop.

"I want to see people that are 10-to-15 years junior to me not huffing and puffing when as they walk up to the ship," he said.

-USN-

Headline: Naval Academy establishes TRICARE links

By LTJG Gregg W. Gellman, US Naval Academy

ANNAPOLIS, Md. -- Since the implementation of TRICARE at the Naval Academy last year, customer advocates have been working with patients and staff to ease the transition to managed care and to ensure they are choosing the best health plan.

When TRICARE was introduced, it was understood that the new medical plan would generate questions and comments, so a special phone line was put in just for those calls.

The number -- (410) 293-CARE - catches attention and is easily remembered. An email account was set up as well to handle TRICARE concerns, making sure that these matters received the individual attention they deserved.

While the TRICARE customer advocates respond to people's concerns once they are in the system, there are others who provide information so that people can decide which TRICARE option they want to enroll in. The managed care staff meet with members individually and go over the benefits of TRICARE Prime, TRICARE Extra and TRICARE Standard.

Although they point out to people that TRICARE Prime is often their best choice, Prime is not always the best choice for all people. The goal is not trying to sell a specific TRICARE option, but rather to get something that best fits a person's needs.

Recently staff members spoke to the graduating Midshipmen about what their new responsibilities are with TRICARE when they detach from the Academy. Realizing that approximately 25 percent of them will have at least one dependent with them when reporting aboard their new duty station, the staff explains what choices they will need to

make concerning health care coverage and the benefits for their new families.

In addition to helping beneficiaries understand TRICARE and its rules, representatives also help the comptroller review bills from local facilities. In a new initiative, admissions of Prime enrollees into local hospitals are tracked so that prompt transfers can be accomplished to military facilities within the network. The amount of money saved with these transfers can be a very substantial part of a command's budget for enrollees. One patient who was transferred to NNMCMC saved the command about \$50,000.

NMCL Annapolis personnel realize that even small efforts can pay big dividends. Annually, the clinic rewards all its customers who have made constructive TRICARE suggestions. The customers are given an honored spot in reviewing the Academy parades and pageantry.

-USN-

Headline: Small clinic provides big help to the Fleet
By HMC Wanda Cronin, Branch Medical Clinic St. Mawgan

ST. MAWGAN, United Kingdom -- When the USS Augusta (SSN 710) pulled into the Royal Navy Base at Plymouth, England, she was about halfway through her cruise. Midway into a cruise can be a crucial time for a submarine Independent Duty Corpsman because essential medications may be running low, problems with individual medical records may have been identified, and other medical conditions of the crew may have surfaced.

Fortunately for the crew of the Augusta, the Branch Medical Clinic St. Mawgan, located 60 miles away, was standing by and ready to assist.

Chief Hospital Corpsman (AW/SS) Richard Cooper, the submarine's Independent Duty Corpsman contacted the Branch Medical Clinic upon arrival and was invited to the clinic for a visit. Few deployed units who dock at Plymouth are aware of the St. Mawgan Branch Medical Clinic, but Chief Cooper had insider information from me, his sister, Chief Hospital Corpsman Wanda Cronin. I work as the clinic's Leading Chief.

The visit not only reunited family, but it also proved quite productive for both of us. While here, my brother worked with the clinic's Pharmacy Technician, Hospital Corpsman First Class Deron Johnson, to acquire medications for the submarine's crew.

CDR Peter Peff, MC, senior medical officer at St. Mawgan, assisted with review of the submarine crew's medical records. Hospital Corpsman First Class A.J. Mabile and Hospital Corpsman First Class Gilbert Barrera worked with HMC Cooper to obtain other medical supplies. In return, he reviewed the radiation health records of St. Mawgan x-ray technicians.

Another highlight of Augusta's visit was a chance for Branch Medical Clinic staff members to tour the submarine.

St. Mawgan staff got a close look at routines of the crew, and they received information about difficulties and challenges faced by submariners.

The tour was an excellent training evolution for the junior hospital corpsmen, and provided an outstanding opportunity for the Branch Medical Clinic to understand the true meaning and importance of service to the fleet.

St Mawgan's parent command, U.S. Navy Medical Clinics, United Kingdom, is conducting an aggressive outreach program and customer assessment to identify isolated military members and their families throughout the United Kingdom. It also plans to market its services to operating units who make port calls here.

As my brother departed, he said to me, "This was really beneficial for both me and the crew. I'm going to make sure the rest of my squadron knows about this clinic as soon as I get back. The support was outstanding."

And for Navy units docking at Plymouth in the future, you don't need a relative stationed nearby to receive assistance. Simply call the Branch Medical Clinic St. Mawgan at 01637-87-6111. Although the clinic's staff is small, service is big from St. Mawgan -- take it from the crew of USS Augusta!

-USN-

Headline: Pensacola residency program celebrates Silver Anniversary graduation

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- Naval Hospital Pensacola's Family Practice Residency Training program - one of four in the Navy - celebrated its silver anniversary graduation recently at the National Museum of Naval Aviation by sending 11 new family physicians to medical facilities throughout the world.

The residency training is an "excellent program," says one of the two graduating chief residents of the Class of 1999, LT Philip O'Connell, MC, the newest member of the family practice staff at Naval Hospital Pensacola.

"In a smaller hospital like Pensacola, it is very easy to get to know all of the staff in the different specialties making it easier to talk to a familiar face when discussing patient care," he said.

The few residency programs at Naval Hospital Pensacola appealed to O'Connell. "Coming from a place where there are [multiple] residency programs, you often feel left out or in competition with the other specialty residents," he said. "But here in Pensacola we are the only residents, which makes it easy to get to know all of the staff in the different departments."

The program not only prepares one for a practice in family medicine, but it encompasses all fields of practice. During residency training, the emphasis is on continuity of comprehensive care for the entire family, including emergency, surgical, obstetric and inpatient and outpatient

care.

Most residents leave for a tour as a General Medical Officer after completing their first year of training, which gives most second-year students Fleet experience, said Family Practice Chairman, CDR Tom Kersch, MC.

That is one of the things that makes the residency training program unique, according to O'Connell. "But one of the things that I am very proud of is the development of our preceptor/library. It's a room where a staff member stays all day and is available for any questions from the residents (nurses and corpsmen) I think this is unique to any program," he said.

Last year's board scores put the Naval Hospital Pensacola residency program is the top 30 percent of the nation's average scores.

Over the 25 graduating years, Naval Hospital Pensacola's residency program has graduated 174 family practitioners.

"What a Sailor can expect when he or she sees of our docs is complete care," said O'Connell.

The residency is fully approved by the Accreditation Council for Graduate Medical Education.

-USN-

Headline: Pearl Harbor wins Secretary of Navy award for safety

From Naval Medical Clinic Pearl Harbor

PEARL HARBOR, Hawaii -- Naval Medical Clinic Pearl Harbor has won the Secretary of the Navy 1998 Award for Achievement in Safety Ashore.

The competition was based on the overall quality of the command's safety program, record of achievement, and mishap experience during fiscal year 1998. It marked the command's lowest number of injuries, motor vehicle mishaps, and workman's compensation cost for the past five years.

"The involvement and participation by our personnel have been the key in our mishap and cost reduction," said Safety Manager, June Watanabe. "We are committed to following one of our guiding principles, teamwork. [It's] how we get the job done. This commitment to the Navy's Safety and Health program extends not only within our command, but also to the safety and health of personnel in other commands and the community."

"We will continue to pursue our vision to be recognized as the premier healthcare organization with an environment of excellence," said CAPT J. S. Edmondson, MC, commanding officer of Naval Medical Clinic Pearl Harbor. "[That] includes providing a safe and healthful work environment for our staff, patients, and visitors."

-USN-

Headline: Bremerton begins construction for new branch medical clinic

By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- Construction for the new \$6 million

Naval Hospital Bremerton Branch Medical Clinic, which will be located at Naval Station Everett, began July 9 with groundbreaking ceremonies.

The new facility will also house the Naval Dental Center Northwest's Branch Dental Clinic.

Rear Admiral William J. Marshall, commander, Navy Region Northwest, was the guest speaker and acknowledged that the medical and dental clinics had put up with doing business in portable trailers for several years. Marshall said that although the portable clinic may not have been ideal, the medical team's services had been first class. He said that the new facility would serve its customers well.

Construction of the 23,312 square foot building has been awarded to William G. Tadlock, Inc. of La Mesa, Calif. The new facility is specifically designed to be a clinic, as opposed to the portable trailers the clinics have occupied since 1994, and will provide greater patient privacy and ease of access.

-USN-

Headline: Anthrax question and answer

Question: What medical conditions could affect the use of this vaccine?

Answer: If a person has an active infection or is taking some prescription medications, a decision to give the vaccine will be made on a case by case basis.

-USN-

Headline: TRICARE benefits expanded to cover cancer prevention trials

From Office of the Secretary of Defense (Health Affairs)

WASHINGTON -- Under Secretary of Defense for Personnel and Readiness Rudy de Leon, Assistant Secretary of Defense for Health Affairs Dr. Sue Bailey, and Director of the National Cancer Institute Dr. Richard D Klausner announced recently an expanded interagency agreement that enables military beneficiaries to participate in the National Cancer Institute (NCI) cancer prevention trials as a TRICARE benefit.

The Department of Defense has become a wellness pioneer by offering leading-edge cancer prevention programs to its beneficiaries, through the expanded agreement that became effective June 21, 1999. Describing the benefit, Bailey stated, "This agreement will give our at-risk beneficiaries access to some of the most promising advances in cancer research through NCI-sponsored clinical trials throughout the country."

Joining de Leon, Bailey, and Klausner at their announcement in the Pentagon were several cancer survivors and members of cancer survivor support groups. Also attending were representatives from both NCI and DoD. According to Klausner, "This is the first time a health plan has agreed formally to provide coverage for patients to participate in cancer prevention trials. This agreement

will become a model for providing access to the best available health care while ensuring that cancer research can continue to make progress."

"To underscore our commitment to wellness and prevention, we feel we must provide reimbursement for clinical trials that offer some of the most promising advances in cancer prevention and treatment research," said Bailey. "For some TRICARE beneficiaries with an increased risk of developing cancer, the experimental DoD/NCI Clinical Trials Demonstration Project offers new choices to minimize chances of developing cancer. It is another way to help keep our troops and their families healthy."

The DoD and NCI first combined forces in 1996 with an agreement known as the DoD/NCI Cancer Clinical Trials Demonstration Project, that allowed military beneficiaries with cancer diagnoses to participate in Phase II and Phase III treatment studies sponsored by NCI. Nearly 12,000 military health system beneficiaries are diagnosed with cancer each year, and to date more than 200 family members have participated in these clinical trials.

Clinical trials are research studies in which people help doctors find ways to improve health and health care. In cancer prevention trials, participants take medicines or supplements, or take part in certain activities that doctors believe may lower their risk of developing cancer.

Prevention trials are designed to keep cancer from developing in people who have a family history of cancer but do not have cancer, and to prevent a new type of cancer, especially in the early stages where treatment is most effective. Finally, these prevention trials include studies to evaluate ways of modifying cancer-causing behaviors, such as tobacco use, poor dietary and exercise habits.

To obtain additional information about cancer prevention, early detection, or treatment trials covered by the DoD/NCI demonstration, interested persons may contact the NCI Cancer Information, 1-800-4-CANCER (1-800-422- 6237), or the Demonstration Coordinator, 1-800-779-3060. Related websites are located at: <http://www.tricare.osd.mil/cancertrials/> or <http://cancertrials.nci.nih.gov>

-USN-

Headline: TRICARE question and answer

Question: What is the function of the Nurse Advisor?

Answer: Nurse advisors are available in most regions, by phone, to provide advice and assistance that will enhance patient decision making about their health care. In most locations, they are available 24 hours a day, 7 days a week and can discuss treatment alternatives, symptoms, and illness prevention or can advise whether a situation warrants immediate medical attention. Any TRICARE-eligible person can use the service of the nurse advisor.

-USN-

Headline: Healthwatch: DoD pursues mental health initiatives
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- On the heels of the first White House Conference on Mental Health, DoD has launched two new initiatives aimed at reducing stress and suicide among service members and their families.

President Clinton announced the new DoD programs June 7. The first is designed to help service members and their families learn to manage stress associated with frequent deployments, family separations and other life issues. The second initiative tackles the issues of suicide.

A new DoD directive requires that all service members and health care providers receive training in combat stress control and assigns a mental health consultant to each unified command surgeon. A reinvigorated suicide prevention program will identify and implement the best practices from among the service departments, integrate the delivery of mental health services between agencies and develop a robust data base to guide program planning and implementation. Both initiatives call for greater support from line commanders.

The two initiatives require similar resources, said Dr. Sue Bailey, assistant secretary of defense for health affairs. She said DoD's goal is to strengthen and unify programs the services already have. Moreover, she added, DoD wants to remove the stigma often associated with mental health difficulties.

"It's an issue for society as a whole. There has been stigma associated with any mental illness or emotional disturbance. Particularly, we're looking at cultural change in the military," Bailey said. Commanders must be involved so troubled people know they can step forward and seek help without threatening their careers, she said.

Increasing peoples' ability to cope with stress requires an openness that could conflict with an individual's need for privacy, Bailey admitted. But it's important commanders and supervisors know if somebody under their command is suffering emotional problems, particularly if that person's job involves individual, organizational or national security, she said.

The services' have programs to help members recover. While in them, service members may need a job change or duty restrictions, but with successful treatment they can usually return to their old jobs, Bailey said.

There is no return from suicide, however. Bailey said she's encouraged by an Air Force prevention plan that has reduced suicides by four-fifths.

"The average suicide rate for the military is 12 per 100,000 people," she said. "In the Air Force program, we found that in the first six months of 1999, the rates came down from about 15 per 100,000 to 3 per 100,000. So we're seeing what we think are real positive results from the program they've initiated."

The Air Force suicide prevention program focuses greatly on community involvement, Bailey said. Mental health professionals counsel and support troubled people, but so

does the entire community, including churches, schools, family services and others, by forming a circle of help to rescue somebody from the turmoil of emotional and mental despair, she said.

DoD's program will build on the Air Force's and blend in the best practices of the other services' programs, Bailey said. "We will work together to share our resources, experience and data," she said. Some aspects of the program will be uniform across DoD, while others will be tailored to meet the needs of the specific services or other groups, such as members of different services who deploy together. The program will be fully implemented by the end of 1999, Bailey said.

"National security depends on a military force that is healthy and fit, both physically and mentally," Bailey said. She said she's encouraged by a 1998 health behaviors survey that reveals more service members are finding positive ways to deal with stress.

"The survey indicates that service members are experiencing a greater level of access to programs within the community and through our medical system," she said.

"They are also seeking out things such as exercise as a means of coping with stress.

"There's an interesting phenomenon taking place in the military today," Bailey said. "It used to be on a Friday night that people went for happy hour and you couldn't get a parking place at the club. Now, you can't find parking at the gym, because they're looking for happier lives and they're looking the right way."

-USN-

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

-USN-

-USN-